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DECLARATION FOR UTILITY OR	Attorney Docket	Number	24065.50							
DESIGN	First Named Inv	entor	Chijoke Chukwuemeka Uzo							
PATENT APPLICATION	COMPLETE IF KNOWN									
(37 CFR 1.63)	Application Num	ber	/ to be assigned							
Declaration	Filing Date		to be assigned							
Submitted OR Submitted after Initial	Group Art Unit		to be assigned							
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name		to be assigned							
As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is drained and for which a patent is sought on the inventor entitled: METHOD AND APPARATUS FOR MAKING SECURE ELECTRONIC PAYMENTS										
			O'ATMILINIO							
the specification of which (Title of the Invention) in attached hereto OR										
was filed on (MM/DD/YYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (6 applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose Information which is ma	·									
I hardby claim foreign priority benefits under 35 U.S.C. 118(a)-(d) or 365(b) of any foreign application(a) for patient or inversor's confidence, or 365(a) of any PCT international application which designated at loses one country other than the United States of America, issed below and have also identified below, by checking the box, any foreign application for patient or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s) Country	Foreign Filling Date (NDVDDYYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
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Artificinal facility application										
Additional foreign application numbers are listed on a su I hareby dalim the benefit under 35 U.S.C. 119(e) of any U	nited Status provisional	application(s) F	oza attached horator							
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Burden Hour Statements This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you and required to complete this form should be sent to the Chief Information Officer, Patient and Triademark Office, Washington, DC 20231. DO NOT SEND PRES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.										

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DECLARATION — Utility or Design Patent Application										
I heroby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not decided in the prior United States or PCT International application in the manner provided by the first peragraph of 35 U.S.C. 112, I acknowledge the duty to decides information which is matterfal to parentability as defined in 37 CPR 1.56 which became available between the filling date of the prior application and the extinual or PCT International filling date of this application.										
U.S. Parent Application or PCT Parent Number							Parer	ent Patent Number (if applicable)		
Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										
As a named inventor, I he and Trudomark Office co			Sustomer Numb	_	to prosecute 11	his applicatio	n and to t	ransac	t all business i Place Cusic Number Ber	mer
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Michael I.	Wolfson		24,	750						
William H	• •	ŀ	•	723						
R. Lewi	wis Gable 22,479									
Additional registered practitioner(s) named on supplemental Registered Practitioner Information short PTO/SB/02C attached hereto.										
Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below										
Name	R. Lewis Gable									
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City	New York			State	NY ZIP			10036-6799		
Country	USA		Telephor	10 (Z	12) 790-9	200	Fax (212) 575-0671			
I hereby doctore that all statements made herein of my own knowledge are true and that all statements made on information and boiled are boileased to be true; and further that these statements were made with the knowledge that willful false statements and the life to made are purishable by line or imprisonment, or both, under 18 U.S.C. 1001 and that such willful talse statements may juopardize the validity of the application or any patent issued thereon.										
Name of Solo or I	First Inventor: A petition has been filed for this unsigned inventor									
Given Na	ame (first and middle [if anyl) Family Name or Sumane									
C	hijioke Chukwuemeka				UZO					
inventor's Signature	M	10							Dato	8/29/20
Residence: City	South Amboy Stee NJ		NJ	Country USA			citizenship US			
Post Office Address	office Address 11-G Parkwood Drive									
Post Office Address										
City	South Amboy	Stato	NJ	ZEP	08	879	COUMTY USA		SA	
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached heret										

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